

Treatment Center:				
Civic registration number:				
Last name:		First name:		
Age at registration:	<input type="checkbox"/> 5 y	<input type="checkbox"/> 10 y	<input type="checkbox"/> 16 y	<input type="checkbox"/> 19 y <input type="checkbox"/> 1y p-o
<input type="checkbox"/> No Show (within prescribed time, by any reason)		<input type="checkbox"/> No further follow-ups (by any reason)		
Date at registration:				
Examiners name:				
Classification of occlusion Modified Huddart Bodenham index (at 5, 10, 19 years and at 1 year after ortognathic surgery)				
Anterior score / central incisors:	Posterior score / right side:	Posterior score / left side:	<input type="checkbox"/> MHB not possible	

INCISOR SCORING

CANINE SCORING

MOLAR SCORING

Calculation of MHB

1. Missing central incisor - equal score as other central
2. Missing canine - score determined by alveolar ridge
3. Missing primary molar/premolar - equal score as adjacent tooth/alveolar ridge if both are missing

All ages: both centrals=sum of scores for 2 pairs of teeth

5 yrs: canine+2 primary molars=sum of scores for 3 pairs of teeth.

10, 19 yrs and 1y post-surgery: canine+premolars+1st molar=sum of scores for 4 pairs of teeth

At 5, 10, 19 years and at 1 year after ortognathic surgery:

Photos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible
Casts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible
Cephalometric Radiograph	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not possible

At 10 years:

Agensis / permanent teeth, tooth name : _____ (exclude eights) Not possible

At 10, 19 years and at 1 year after ortognathic surgery:

Cephalometrics SNA ° SNB ° NAPg ° NSL/ML ° NSL/NL ° Not possible

Registration at 16 years;

Bone grafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Orthodontics before bone grafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Score; bone level in the cleft area estimated in relation to the root length of the tooth mesial of the cleft

Right side:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> 0: Bone missing	<input type="checkbox"/> 1: <3/4	<input type="checkbox"/> 2: >=3/4
Left side:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> 0: Bone missing	<input type="checkbox"/> 1: <3/4	<input type="checkbox"/> 2: >=3/4